

Members

Sen. Connie Lawson, Chairperson
Sen. Vi Simpson
Rep. Charlie Brown
Rep. Cindy Noe
Amy Cook-Lurvey
Richard Culver
David M. Giles, M.D.
Galen Goode
Gloria Kardee
Bryan Lett
Dr. Loretta Kroin
Donna Gibson
Abigail Flynn
Elaine Doss



INDIANA COMMISSION ON MENTAL HEALTH

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MEETING MINUTES¹

Meeting Date: October 6, 2003
Meeting Time: 11:00 A.M.
Meeting Place: 3300 E. Morgan Avenue, Evansville
Psychiatric Treatment Center for
Children
Meeting City: Evansville, IN
Meeting Number: 3

Members Present: Sen. Connie Lawson, Chairperson; Rep. Charlie Brown; Rep. Cindy Noe; David M. Giles, M.D.; Galen Goode; Dr. Loretta Kroin; Donna Gibson; Abigail Flynn; Elaine Doss.

Members Absent: Sen. Vi Simpson; Amy Cook-Lurvey; Richard Culver; Gloria Kardee; Bryan Lett.

1. Call to Order and Welcome

Senator Lawson called the meeting to order at 11:15 A.M.

Mr. Tom Rich, Superintendent, Evansville Psychiatric Treatment Center for

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Children (Center) , welcomed the members to the Center which opened in 1956. It was to be the first of several centers to provide psychiatric services to children throughout the state, but the others were never opened. The Center works with the local school system to provide education for the children. The average length of stay is 8.5 months. The Center is designed as one component in a continuum of care for children.

Representative Vaneta Becker welcomed the members and also emphasized the importance of the Center as being a vital link in the continuum of care with community services. **Representative Dennis Avery** told the Commission that the Center is a vital part of the community and has the solid support of the community and the region.

Representative Jonathan Weinzapfel emphasized the bipartisan support for the Center. **Senator Greg Server** thanked the members for coming to the Center. He told the Commission that the facility has been in Evansville since 1956. While the cost per child may look high, it is important to look at the Center as a hospital operating on a medical model. Also, the children are not there for long periods of time but go back to their communities. He also emphasized the importance of the Center in providing a continuum of care. While community care is important, the Center is also important. Much of the cost of operating the Center is returned through disproportionate share hospital (DSH) and Medicaid payments.

2. Discussion of Children's Mental Health Issues

(a) **Ms. Donna Carr, Mental Health Association (MHA)**, described MHA programs for children. Among other services, MHA is providing transportation services, summer camp programs in conjunction with the YMCA, and support groups for parents.

(b) **Rita Nelson, National Alliance for Mental Illness (NAMI)**, told the Commission that her son had received care at the Center. Because of age and development, it is sometimes difficult to determine early that children need services for mental illness.

(c) **Ms. Lottie Cook, Evansville Psychiatric Children's Treatment Center**, discussed the demographics of the children at the Center. (Exhibit 1) Ms. Cook told the members that when children leave the Center there is a three-month follow-up period. On the average eighty-six percent of the children come from abusive homes with fifty percent of the abuse being sexual. Of the current population, no child comes from a two parent family. The average IQ of the children is in the low 80's. Ninety-five percent of the children are on some medication. In response to questions, Ms. Cook said that the Center generally does not use Ritalin since in many cases that had been tried prior to admission and had not worked. The number of children who return to the Center after discharge is low. When it is time to discharge a child, the Division of Family and Children (DFC) is responsible for placement if foster care is needed.

The Center does try to include the families in treatment decisions. If the families or the centers to which children are referred on discharge cannot come to the Center for discussion, they do use conference calls. There was discussion emphasizing that children are referred to the Center from throughout the state.

(d) **Dr. David Hilton, Evansville Psychiatric Treatment Center for Children**, is the medical director for the Center. He is employed by the Southwest Community Mental Health Center and works for the Center under a contractual agreement. The Center is at the far end of the clinical spectrum to be used when community services have been exhausted. The average child at the Center has four separate diagnoses. The Center is

run on a medical model. Each child has a treatment team which meets weekly, and there are monthly updates in each child's plans.

(e) John Browning, Southwest Community Mental Health Center, discussed the Center. It was the first of five planned centers and is the only one established. The care at the Center is the most restrictive setting in the continuum of care. In the Center setting, there is complete control for treatment. In other settings, individuals miss appointments, etc., but at the Center, the treatment schedules are kept. Mr. Browning discussed issues around the shortage of child psychiatrists in Indiana. He told the Commission about the wraparound services Southwest is providing.

During the discussion that followed, the issue of telemedicine was discussed. There is some feeling that with the shortage of psychiatrists this might be an alternative method of getting services to children. Some places in the state are trying to provide services this way. Medicaid does not recognize telemedicine for reimbursement. **Jim Jones, Indiana Council of Community Mental Centers**, discussed the difficulty of adding a program for Medicaid reimbursement with the tight budget situation.

(f) Suzanne Clifford, Director, Division of Mental Health and Addiction, Family and Social Services Administration, discussed statewide programs for children with mental illness. (Exhibit 2) Ms. Clifford told the Commission that it would be helpful if the Division were able to keep money received from reimbursements.

3. Other Business

The next meeting, which was originally scheduled for October 20, has been rescheduled due to the special session. The meeting will be on October 16, at 10:00 in Room 125 of the State House.

4. Adjournment

The meeting was adjourned at 1:40 P.M.